

12/17/2000

REF: CS/SMO20010719/d3

Special Instruction:

ASS. REC. BY:

Surveyor: ASSIGNMENT (Office)
From (Person): GRACE TEO of SMO Date/Time: 6/10/2020@ 9.31AM

Estimated Cost: _____ Bill to: _____

OD TP / VS / TP RES / OD RES / EVA / INV / MV / CS Insured: SMJ 9287Z

To Inspect Vehicle No: SKE 87T Tel: 9433 5558

at Workshop m/s PROFI AUTOMOTIVE

of 10 Kaki Bukit Rd 2 # 01-05

Policy No: _____ Claim No: CMTD2002898/RUC

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 02/10/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS 'WP' H.O.D. Endorsement: _____

Date/Time 10.47AM@6/10/2020 Person Contacted: EDWARD... Vehicle IN/ OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SKE 87T- CV1/VAL16010503/Uv
	SMJ 9287Z- X